



Bookings Tel: (705) 444-8670  
 Fax: (705) 445-7593  
 CGMH is a scent free facility

## BREAST IMAGING REQUISITION

Patient Name: \_\_\_\_\_  
 D.O.B \_\_\_\_\_ Healthcard# \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Mobility Issues: ☐ N / ☐ Y: \_\_\_\_\_

### CLINICAL INFORMATION (mandatory):

### REFERRING HEALTH CARE PROVIDER:

Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Fax # \_\_\_\_\_  
 Copy To \_\_\_\_\_

### Screening

- ☐ Routine Screening Mammogram
- ☐ Implants
- ☐ Mobility concerns

### Diagnostic

	Right	Left
Diagnostic Mammogram (symptomatic)	<input type="checkbox"/>	<input type="checkbox"/>
Targeted Breast Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
Axilla Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>

### Follow-up Imaging

Month due: \_\_\_\_\_

	Right	Left
Mammogram	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>

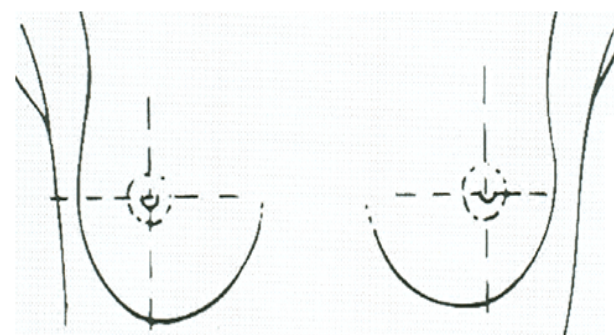
### Special Procedures

	Right	Left
Ultrasound-Guided Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound-Guided Aspiration	<input type="checkbox"/>	<input type="checkbox"/>
Clip Placement	<input type="checkbox"/>	<input type="checkbox"/>
Stereotactic Biopsy (MG-guided)	<input type="checkbox"/>	<input type="checkbox"/>
Ductogram (galactography)	<input type="checkbox"/>	<input type="checkbox"/>

### Present Complaint

- ☐ Palpable lump (Mammogram & Ultrasound)
- ☐ Localized pain/tenderness
- ☐ Nipple discharge
- ☐ Thickening
- ☐ Dimpling and/or contour deformity

Mark specific area(s) of concern on breast diagram



## Accredited by Canadian Association of Radiologists, Ontario Breast Screening Program (OBSP) Site

Screening breast ultrasound is not indicated in average risk populations: requisition will be returned.

By signing this requisition, referring clinicians are providing authorization for their patient to receive additional breast imaging and procedures including biopsy, as required by the interpreting radiologist.

**Please arrive 20 minutes prior to your appointment time to allow for registration.**

**PATIENT PREPARATION:** On the day of your appointment do not use deodorant, antiperspirant, crème or powders on your breasts or underarms as they may cause false findings. Refraining from caffeine 48 hours prior to your appointment may help minimize discomfort during breast compression.